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## FAX COVER SHEET

TO: Commissioner of Patents FAX #: 571.273.8300  
United States Patent & Trademark OfficeFROM: James E. Hudson III NUMBER OF PAGES: 3  
DATE: December 7, 2005 (INCLUDING COVER PAGE)  
C/M#: 073957-000001  
SUBJECT: Power of Attorney  
U.S. Pat. Appl. S/N 10/766,573

Included with this transmittal for U.S. Pat. Appl. S/N 10/766,573 are:

1. Fax cover sheet (1 sheet)
2. Transmittal Form PTO/SB/21 (1 sheet)
3. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address PTO/SB/82 (1 sheet)

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PAGE 1/3 \* RCVD AT 12/8/2005 2:21:23 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-6/25 \* DNI:2738300 \* CSID: \* DURATION (mm:ss):01:26 ( 2 )

PTO/SB/21 (09-04)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 3

Application Number

10/768,573

Filing Date

January 27, 2004

First Named Inventor

Oiphant, Zachary James

Art Unit

3635

Examiner Name

Nguyen, Chi Q

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Attorney Docket Number

073857-000001

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> <input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Crain, Caton & James, P.C.		
Signature	<i>James E. Hudson III</i>		
Printed name	James E. Hudson III		
Date	November 14, 2005	Reg. No.	41,081

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO [REDACTED]

the date shown below:

Signature

*James E. Hudson III*

Typed or printed name

James E. Hudson III

Date December 7, 2005

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/768573
Filing Date	January 27, 2004
First Named Inventor	Oliphant, Zachary James
Art Unit	3835
Examiner Name	NGUYEN, CHI Q
Attorney Docket Number	073 957 - 000001

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number:

30903

 Please change the correspondence address for the above-identified application to: The address associated with  
Customer Number:

30903

OR

 Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 1 forms are submitted.

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